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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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EXAMINER

YAEN, CHRISTOPHER H

ART UNIT	PAPER NUMBER
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1642

DATE MAILED: 03/05/2004

Please find below and/or attached an Office communication concerning this application or proceeding.

# Office Action Summary

Application No.

09/673,795

Applicant(s)

TRIEBEL ET AL.

Examiner

Christopher H Yaen

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-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

## Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If the period for reply specified above is less than thirty (30) days, a reply within the statutory minimum of thirty (30) days will be considered timely.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133).
- Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

## Status

- 1) ☒ Responsive to communication(s) filed on 09 September 2003.
- 2a) ☐ This action is **FINAL**. 2b) ☒ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

## Disposition of Claims

- 4) ☒ Claim(s) 7,10,11,13-15,19-21,30,31,34,35,64 and 65 is/are pending in the application.
- 4a) Of the above claim(s) \_\_\_\_\_ is/are withdrawn from consideration.
- 5) ☒ Claim(s) 7,10,11 and 13-15 is/are allowed.
- 6) ☐ Claim(s) 19-21,30,31,34,35,64 and 65 is/are rejected.
- 7) ☐ Claim(s) \_\_\_\_\_ is/are objected to.
- 8) ☐ Claim(s) \_\_\_\_\_ are subject to restriction and/or election requirement.

## Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on \_\_\_\_\_ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.  
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
- 11) ☐ The proposed drawing correction filed on \_\_\_\_\_ is: a) ☐ approved b) ☐ disapproved by the Examiner.  
If approved, corrected drawings are required in reply to this Office action.
- 12) ☐ The oath or declaration is objected to by the Examiner.

## Priority under 35 U.S.C. §§ 119 and 120

- 13) ☒ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).  
a) ☒ All b) ☐ Some \* c) ☐ None of:  
1. ☐ Certified copies of the priority documents have been received.  
2. ☐ Certified copies of the priority documents have been received in Application No. \_\_\_\_\_.  
3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).  
\* See the attached detailed Office action for a list of the certified copies not received.
- 14) ☐ Acknowledgment is made of a claim for domestic priority under 35 U.S.C. § 119(e) (to a provisional application).  
a) ☐ The translation of the foreign language provisional application has been received.
- 15) ☐ Acknowledgment is made of a claim for domestic priority under 35 U.S.C. §§ 120 and/or 121.

## Attachment(s)

- 1) ☒ Notice of References Cited (PTO-892) 4) ☐ Interview Summary (PTO-413) Paper No(s). \_\_\_\_\_
- 2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948) 5) ☐ Notice of Informal Patent Application (PTO-152)
- 3) ☒ Information Disclosure Statement(s) (PTO-1449) Paper No(s) 7. 6) ☐ Other:

## **DETAILED ACTION**

### ***Continued Examination Under 37 CFR 1.114***

1. A request for continued examination under 37 CFR 1.114, including the fee set forth in 37 CFR 1.17(e), was filed in this application after final rejection. Since this application is eligible for continued examination under 37 CFR 1.114, and the fee set forth in 37 CFR 1.17(e) has been timely paid, the finality of the previous Office action has been withdrawn pursuant to 37 CFR 1.114. Applicant's submission filed on 9/9/2003 has been entered.
2. Claims 1-6, 8-9, 12, 16-18, 22-29, 32-33, and 36-63 are cancelled without prejudice or disclaimer.
3. Claims 7, 10-11, 13-15, 19-21, 30-31, 34-35, and 64-65 are pending and examined on the merits.

### ***Information Disclosure Statement***

4. The Information Disclosure Statement filed 1/5/2001 (paper no. 7) is acknowledged and considered. A signed copy of the IDS is attached hereto.

### ***New Arguments***

#### ***Claim Rejections - 35 USC § 112, 1<sup>st</sup> paragraph***

5. Claims 19-21, 30-31, 34-35, and 64-65 are rejected under 35 U.S.C. 112, first paragraph, because the specification, while being enabling for a peptide compound comprising the amino acid sequence consisting of SEQ ID Nos: 1 or 2, and a vector

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comprising nucleotides encoding a sequence consisting of SEQ ID Nos: 1 and 2 does not reasonably provide enablement for a pharmaceutical composition comprising the peptide compound comprising the amino acid of SEQ ID No: 1 or 2, a pharmaceutical composition comprising nucleotides encoding an amino acid sequence of SEQ ID No: 1 or 2, or any methods of in vivo systemic immunization of the peptide compound. The specification does not enable any person skilled in the art to which it pertains, or with which it is most nearly connected, to practice (i.e. to use) the invention commensurate in scope with these claims.

The claims of the instant invention are drawn to a pharmaceutical composition comprising the peptide compound of either SEQ ID No: 1 or 2, a carrier, and or an adjuvant. The claims are also limited to a pharmaceutical composition comprising a vector with a nucleotide sequence that encodes the peptide sequence of SEQ ID No: 1 or 2 a carrier and or an adjuvant; and a method of systemic immunization comprising the administration of the pharmaceutical compositions comprising the peptide compound.

The specification teaches the characterization of HSP-70 derived peptides, the isolation of the peptides, sequencing and binding capacity of the peptides, and its capacity to elicit T-cell response *in vitro*. The working examples in this case are drawn to *in vitro* methods and has not taught one of skill in the art how pharmaceutical compositions claimed or how the method of systemic immunization using the pharmaceutical composition is to be used.

There is insufficient guidance and objective evidence that such teachings would be indicative of T-cell elicitation in-vivo, i.e. in an individual; wherein it would not be predictable to one of skill in the art to use the pharmaceutical composition or the method in order to immunize any individual so as to produce a T-cell response. Those of skill in the art recognize that in vitro assays and or cell-cultured based assays are generally useful to observe basic physiological and cellular phenomenon such as screening the effects of potential drugs. However, clinical correlations are generally lacking. The greatly increased complexity of the in vivo environment as compared to the very narrowly defined and controlled conditions of an in- vitro assay does not permit a single extrapolation of in vitro assays to human efficacy with any reasonable degree of predictability. In vitro assays cannot easily assess cell-cell interactions that may be important in a particular pathological state. Furthermore it is well known in the art that cultured cells, over a period time, lose phenotypic characteristics associated with their normal counterpart cell type. Freshney (Culture of Animal Cells, A Manual of Basic Technique, Alan R. Liss, Inc., 1983, New York, p4) teach that it is recognized in the art that there are many differences between cultured cells and their counterparts *in vivo*. These differences stem from the dissociation of cells from a three-dimensional geometry and their propagation on a two-dimensional substrate. Specific cell interactions characteristic of histology of the tissue are lost. The culture environment lacks the input of the nervous and endocrine systems involved in homeostatic regulation *in vivo*. Without this control, cellular metabolism may be more constant *in vitro* but may not be truly representative of the tissue from which the cells were derived. This has

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often led to tissue culture being regarded in a rather skeptical light (p. 4, see Major Differences *In Vitro*). Further, although drawn specifically to cancer cells, Dermer (Bio/Technology, 1994, 12:320) teaches that, "petri dish cancer" is a poor representation of malignancy, with characteristics profoundly different from the human disease. Further, Dermer teaches that when a normal or malignant body cell adapts to immortal life in culture, it takes an evolutionary type step that enables the new line to thrive in its artificial environment. This step transforms a cell from one that is stable and differentiated to one that is not. Yet normal or malignant cells *in vivo* are not like that. The reference states that evidence of the contradictions between life on the bottom of a lab dish and in the body has been in the scientific literature for more than 30 years. Clearly it is well known in the art that cells in culture exhibit characteristics different from those *in vivo* and cannot duplicate the complex conditions of the *in vivo* environment involved in host-tumor and cell-cell interactions.

Furthermore, one cannot extrapolate the teachings of the specification to the scope of the claims because the specification provides no exemplification of or guidance on how to use the claimed pharmaceutical (i.e. DNA vaccine) for *in vivo* usage with any predictability. With regards to tumor immunotherapy, the goal of tumor vaccination is the induction of tumor immunity to prevent tumor recurrence and to eliminate residual disease. However, gene therapy against tumors is highly unpredictable as underscored by Crystal, R.G. (Science, Vol. 270, October 1995, pages 404-410) who teaches that in tumor vaccine studies intended to evoke a tumor-directed immune response, there is no convincing evidence (other than anecdotal case reports)

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that tumors actually regress, despite the promising observations in experimental animals. More recently, Tait *et al.* (Clin.Canc.Res., Vol. 5, July 1999, pages 1708-1714) revealed just how unpredictable gene therapy was in the clinical setting. The authors' prior phase I trial of 12 patients with extensive ovarian cancer treated with a retroviral vector expressing the BRCA1 splice variant (LXSN-BRCA1sv) demonstrated vector stability, minimal immune response, gene transfer and expression, and some tumor reduction in the patients (page 1708, 2<sup>nd</sup> column, 2<sup>nd</sup> paragraph). In contrast, the Phase II trial initiated in patients with stage III and IV grade ovarian cancer, showed a high preponderance for vector instability (vector was degraded rapidly), a rapid immunological response invoking neutralizing antibodies to the retroviral vector, and no clinical response to the therapy. Although the difference in response to the therapy may be attributed to differences in immunocompetence between the phase I and II patients (page 1712, 2<sup>nd</sup> column), the end result seems to indicate that further experimentation is necessary prior to the successful application of DNA vaccines, especially with the regards to cancer therapy. Further, treatment of cancer in general is at most unpredictable, as underscored by Gura (Science, v278, 1997, pp.1041-1042) who discusses the potential shortcomings of potential anti-cancer agents including extrapolating from in-vitro to in-vivo protocols, the problems of drug testing in knockout mice, and problems associated with clonogenic assays. Indeed, since formal screening began in 1955, thousands of drugs have shown activity in either cell or animal models, but only 39 that are used exclusively for chemotherapy, as opposed to supportive care, have won approval from the FDA (page 1041, 1<sup>st</sup> column) wherein the

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fundamental problem in drug discovery for cancer is that the model systems are not predictive. All of this underscores the criticality of providing workable examples which is not disclosed in the specification, particularly in an unpredictable art, such as cancer therapy.

And lastly, reasonable guidance with respect to preventing or systemic immunization of any cancer relies on quantitative analysis from defined populations which have been successfully pre-screened and are predisposed to particular types of cancer. This type of data might be derived from widespread genetic analysis, cancer clusters, or family histories. The essential element towards the validation of a preventive therapeutic is the ability to test the drug on subjects monitored in advance of clinical cancer and *link* those results with subsequent histological confirmation of the presence or absence of disease. This irrefutable link between antecedent drug and subsequent knowledge of the prevention of the disease is the essence of a valid preventive agent. Further, a preventive administration also must assume that the therapeutic will be safe and tolerable for anyone susceptible to the disease.

In view of the teachings above, and the lack of guidance and or exemplification in the specification, it would not be predictable for of skill in the art to use the pharmaceutical compositions or practice the claimed methods as contemplated in the disclosure. Thus, it would require undue experimentation by one of skill in the art to practice the invention as claimed.



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**Conclusion**

6. Claims 7, 10-11 and 13-15 are allowable. Claims 19-21, 30-31, 34-35, and 64-65 are rejected.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Christopher H Yaen whose telephone number is 703-305-3586. The examiner can normally be reached on Monday-Friday 9-5.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Anthony Caputa can be reached on 703-308-3995. The fax phone number for the organization where this application or proceeding is assigned is (703) 872-9306.

Any inquiry of a general nature or relating to the status of this application or proceeding should be directed to the receptionist whose telephone number is 703-308-0196.

*Christopher Yaen  
for:*

Christopher Yaen  
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November 4, 2003